

SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>	
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Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> Category/ Type	
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code			
Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Office Sought: <div style="display: inline-block; vertical-align: top;"> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential </div> State: _____ District: _____ Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

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Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City State Zip Code			
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(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee.

Signature _____

Date

M M / D D / Y Y Y Y Y Y